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PTO/SB/21 (08-00)

Approval for use through 10/31/2002. OMB 0651-0031
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/893,321	
	Filing Date	06/27/01	
	First Named Inventor	Walke	
	Group Art Unit	1647	
	Examiner Name	R.S. Landsman	
Total Number of Pages in This Submission	29	Attorney Docket Number	LEX-0195-USA

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): return postcard
<input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)		
<input checked="" type="checkbox"/> Extension of Time Request		
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<input type="checkbox"/> Information Disclosure Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Customer # 24231

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Lance K. Ishimoto Reg. No. 41,866 Lexicon Genetics Incorporated
Signature	<i>Lance K. Ishimoto</i>
Date	December 16, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, MS AF, P.O. Box 1450, Alexandria, VA 22313 on this date: December 16, 2003			
Typed or printed name	Nancy Stacey		
Signature	<i>Nancy Stacey</i>	Date	December 16, 2003

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Walke *et al.* Group Art Unit: 1647
Application No.: 09/893,321 Examiner: R. S. Landsman
Filed: 06/27/01
Title: Polynucleotides Encoding Human GABA Receptors (As Amended) Atty. Docket No. LEX-0195-USA

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES**

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Commissioner for Patents
Alexandria, VA 22313

Sir:


Applicants hereby appeal to the Board of Patent Appeals and Interferences from the decision of the Primary Examiner in the Final Office Action mailed on August 18, 2003 (Paper No. 16) finally rejecting claims 1-6.

The fee as required under 37 C.F.R. § 1.17(b) for filing this Notice of Appeal is \$165.00, and the Commissioner is hereby authorized to deduct this fee from Applicants' Representatives' Deposit Account No. 50-0892. Applicants believe no fees in addition to the fees for filing the Notice of Appeal are due in connection with this communication. However, should any additional fees under 37 C.F.R. §§ 1.16 to 1.21 be required for any reason related to this communication, the Commissioner is authorized to charge any underpayment or credit any overpayment to Lexicon Genetics Incorporated Deposit Account No. 50-0892.

Respectfully submitted,

12/23/2003 SZEWDIE1 00000115 500892 09893321
01 FC:2401 165.00 DA

December 16, 2003
Date


Peter G. Seferian
Agent For Applicants

Reg. No. 40,162

LEXICON GENETICS INCORPORATED
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FEE TRANSMITTAL for FY 2003		Compleat if Known	
Patent fees are subject to annual revision.		Application Number	09/893,321
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	06/27/01
TOTAL AMOUNT OF PAYMENT (\$ 165.00)		First Named Inventor	Walke
		Examiner Name	R. S. Landsman
		Group Art Unit	1647
		Attorney Docket No.	LEX-0195-USA

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account		Large Entity Small Entity	
Deposit Account Number: 50-0892		Fee Code (\$)	Fee Code (\$)
Deposit Account Name: Lexicon Genetics Incorporated		Fee Description	Fee Paid
The Commissioner is authorized to: (check all that apply)		1051 130	2051 65 Surcharge - late filing fee or oath
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		1052 50	2052 25 Surcharge - late provisional filing fee or cover sheet
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application		1053 130	1053 130 Non-English specification
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		1812 2,520	1812 2,520 For filing a request for <i>ex parte</i> reexamination
FEE CALCULATION		1804 920*	1804 920* Requesting publication of SIR prior to Examiner action
1. BASIC FILING FEE		1805 1,840*	1805 1,840** Requesting publication of SIR after Examiner action
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	1251 110	2251 55 Extension for reply within first month
1001 770	2001 385	1252 420	2252 210 Extension for reply within second month
1002 340	2002 170	1253 950	2253 475 Extension for reply within third month
1003 530	2003 265	1254 1,480	2254 740 Extension for reply within fourth month
1004 770	2004 385	1255 2,010	2255 1,005 Extension for reply within fifth month
1005 160	2005 80	1401 330	2401 165 Notice of Appeal
SUBTOTAL (1) (\$)		1402 330	2402 165 Filing a brief in support of an appeal
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		1403 290	2403 145 Request for oral hearing
Total Claims	Extra Claims	1451 1,510	1451 1,510 Petition to institute a public use proceeding
Independent Claims	Fee from below	1452 110	2452 55 Petition to revive - unavoidable
Multiple Dependent	Fee Paid	1453 1,330	2453 665 Petition to revive - unintentional
Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	1501 1,330	2501 665 Utility issue fee (or reissue)
1202 18	2202 9	1502 480	2502 240 Design issue fee
1201 86	2201 43	1503 640	2503 320 Plant issue fee
1203 290	2203 145	1460 130	1460 130 Petitions to the Commissioner
1204 86	2204 43	1807 50	1807 50 Processing fee under 37 CFR 1.17(q)
1205 18	2205 9	1806 180	1806 180 Submission of Information Disclosure Stmt
SUBTOTAL (2) (\$)		8021 40	8021 40 Recording each patent assignment per property (times number of properties)
**or number previously paid, if greater; For Reissues, see above		1809 770	2809 385 Filing a submission after final rejection (37 CFR § 1.129(a))
		1810 770	2810 385 For each additional invention to be examined (37 CFR § 1.129(b))
		1801 770	2801 385 Request for Continued Examination (RCE)
		1802 900	1802 900 Request for expedited examination of a design application
		Other fee (specify) _____	
		SUBTOTAL (3) (\$ 165.00)	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Lance K. Ishimoto	Registration No. (Attorney/Agent)	41,866
Signature	<i>Lance K. Ishimoto</i>	Telephone	(281) 863-3333
	<i>Peter S. Schuman</i>	Date	December 16, 2003

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